

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Office of Fire and Aviation  
3833 South Development Avenue  
Boise, Idaho 83705-5354

March 15, 2001

**In Reply Refer to:**

1400-339(FC-202)/1112 (FA-131) P

EMS Transmission 03/16/01

Instruction Memorandum No. OF&A 2001-011

Expires: 09/30/02

To: State and Center Directors  
National Human Resources Management Center, HR-200 & HR-240

From: Director, Office of Fire and Aviation

Subject: Health Screening and Medical Examinations

**Program Area:** Medical Requirements

**Purpose:** Provide policy and guidance for implementation of health screening and medical examination requirements. Health Screen Questionnaire required updating to reflect current policy direction.

**Policy/Action:** This memorandum is written to provide additional policy in regards to IM No. OF&A 2001-004, which states the Bureau will no longer require the use of the EKG (stress test) in conjunction with the Work Capacity Fitness Test(WCT).

The following policy direction is established with this memorandum:

- 1) All employees who participate in wildland or prescribed fire activities requiring a fitness level must answer all the questions on the Health Screen Questionnaire prior to taking their Work Capacity Test. **If any Yes answer is indicated, a Medical Examination is required prior to the employee taking the WCT (Forms SF-78, Certificate of Medical Examination, and 1400-108, Physical Requirements for Firefighter and Smokejumper Positions). A doctor will then make a determination as to whether or not the employee should participate in a WCT.**
- 2) All permanent, career-seasonal, temporary, and student career experience program employees who participate in wildland or prescribed fire activities requiring a fitness level of **arduous** must

have a pre-employment medical examination to determine their

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suitability prior to their initial entry on duty. Thereafter, employees 40 years of age and older must have a physical every three years or as indicated by the Health Screen Questionnaire.

- 3) Temporary employees who participate in wildland or prescribed fire activities requiring a fitness level of **arduous** must have a pre-employment medical examination to determine their suitability prior to their initial entry on duty. Temporary rehires who participate in wildland or prescribed fire activities requiring a fitness level of **arduous** will receive a physical exam every three years.

The revised Health Screen Questionnaire is attached.

**Timeframe:** Effective immediately.

**Budget Impact:** Does not affect this area.

**Background:** Additional clarification and direction was requested from field units with regards to IM No. OF&A 2001-004.

**Manual/Handbook Section Affected:** Standards for Fire and Aviation Operations 2001 Guide, section titles: Health Screen Questionnaire and Medical Examinations has been changed to reflect this current policy.

**Coordination:** Occupational Safety and Health and Human Resources.

**Contact:** If you have any questions concerning this policy, you may contact Michelle Ryerson-Grett, OF&A Safety Manager, at (208)387-5175; or Jim Knox, NIFC Personnel Officer, at (208)387-5514.

Signed by:  
Timothy M. Murphy  
Acting Director, Office of Fire and Aviation

Authenticated by:  
Pat Lewis  
Supervisory Mgmt. Asst.

1 Attachment

1 - Health Screen Questionnaire

**Distribution**

Jay Thietten, MIB 5627  
Cyndie Hogg, NARTC

Support Services Group Manager  
Fire Operations Group Manager  
Aviation Group Manager  
Planning/Resources Group Manager

*Health Screen Questionnaire* The purpose is to identify individuals who may be at risk in taking the Work Capacity Test (WCT) and recommend an exercise program and/or medical examination prior to taking the WCT.

Employees are required to answer the following questions. The questions were designed, in consultation with occupational health physicians, to identify individuals who may be at risk when taking a WCT. The information on this Health Screen is considered confidential and must be filed appropriately.

Solicitation of this information is authorized by 5 CFR Part 339-Medical Qualification Determinations, which provides for a determination of an individual's fitness-for-duty.

Yes No

- 1) During the past 12 months have you at any time (during physical activity or while resting) experienced pain, discomfort or pressure in your chest?
- 2) During the past 12 months have you experienced difficulty breathing or shortness of breath?
- 3) Are you currently under a doctor's care for a heart or lung related condition?
- 4) Have you ever been diagnosed with, and are you currently being treated for, high blood pressure?
- 5) Do you have a blood pressure with systolic (top #) greater than 140 or diastolic (bottom #) greater than 90?
- 6) Do you have a resting pulse greater than 100 beats per minute?
- 7) Do you have a bone or joint condition that could be made worse by a change in your physical activity?
- 8) Do you know of any other medical or physical reason you should not take the Work Capacity Test?
- 9) Do you have asthma, diabetes, epilepsy or elevated cholesterol?

A **Yes** answer will mean that a medical examination is required prior to the employee taking the WCT (Forms SF-78, Certificate of Medical Examination, and 1400-108, Physical Requirements for Firefighter and Smokejumper Positions). A doctor will then make a determination as to whether or not the employee should participate in a WCT. If the situation is being mitigated under the supervision of a doctor, the employee must provide a doctor's statement, to the Test Administrator, indicating that the employee can safely undergo the WCT.

I understand that if I need to be evaluated, it will be based on the fitness requirements of the position(s) for which I am qualified.

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Participant

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Test Administrator

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Date

Attachment 1